

2023-24 NB Artful Youth APPLICATION FORM

Student's Name:	
Name of School:	Grade:
Contact (Phone/Email):	
Parent/Guardian Name:	
Contact (Phone/Email):	
Home Mailing Address:	
Reference/Advisor: Please provide the name of a clasmentor who can recommend you for this course.	ssroom teacher, art teacher or
Name:	
Contact (Phone/Email):	
☐ I, (student name) agree to attended by the student name agree to attended by the student name).	
Student Signature:	
	DATE:
☐ I, (parent/guardian name) name), attending and participating f printmaking workshops.	- · · · · · · · · · · · · · · · · · · ·
Parent or Guardian Sigr	nature:
	DATE: